

M18000009626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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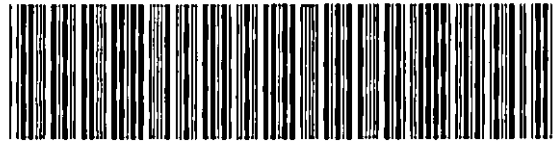
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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T. CLINE

OCT 26 2018

EXAMINER

**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 10/25/2018  
Acc#120160000072

*en: c DW*

Name:	TRU Trust 2016, LLC (DE)
Document #:	
Order #:	11213795

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Amount: \$	125.00
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**TALLAHASSEE, FLORIDA**

Thank you!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRU Trust 2016, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dan Marthinsen

Name of Person

Wells Fargo Bank, N.A.

Firm/Company

401 S. Tryon St., MAC D1050-084

Address

Charlotte, NC 28202

City/State and Zip Code

dan.marthinsen@wellsfargo.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
OCT 25 2018

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For further information concerning this matter, please call:

Janet Groome

215

994-2896

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TRU Trust 2016, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
TRU 2016, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o Wells Fargo Bank, N.A.  
(Street Address of Principal Office)  
401 S. Tryon St., MAC D1050-084  
Charlotte, NC 28202

6. c/o Wells Fargo Bank, N.A.  
(Mailing Address)  
401 S. Tryon St., MAC D1050-084  
Charlotte, NC 28202

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System  
(Registered agent's signature)



Judith Argao  
Vice President  
and Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Director of Special Services

Roger Briggs, Wells Fargo  
Bank, N.A., 401 S. Tryon St.,  
MAC D1050-084, Charlotte, NC 28202

Managing Director  
of Special Services

Dan Marthinsen, Wells Fargo  
Bank, N.A., 401 S. Tryon St.,  
MAC D1050-084, Charlotte, NC 28202

Use attachments if necessary)

Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

See attached signature page

Signature of an authorized person

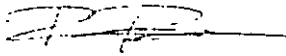
See attached signature page

Typed or printed name of signee

TRU TRUST 2016, LLC.  
a Delaware limited liability company

By: Wilmington Trust, National Association, as  
Trustee for the Registered Holders of the TRU  
Trust 2016-TOYS, Commercial Mortgage Pass-  
Through Certificates, Series 2016-TOYS,  
the Sole Member

By: Wells Fargo Bank, National Association,  
as Special Servicer

By:   
Name: Roger Briggs  
Title: Director

Dated: October 16, 2018

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2018 OCT 25 AM 10:42  
CLERK OF DISTRICT COURT  
NORTH DAKOTA  
FALLS BROS. FLORES

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "TRU TRUST 2016, LLC" IS DULY FORMED  
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND  
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS  
OF THE TWELFTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN  
ASSESSED TO DATE.



6977548 8300

SR# 20187123374

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203603466

Date: 10-12-18